

Reflections of a Former "Rat Runner" - - Leslie E. Packer, PhD

Did My Professors Lie, or Did They Just Not Anticipate My Kids?

As a psychologist who trained in the 1960's and early 1970's, I grew up in a generation and program that was heavily behaviorally oriented. B. F. Skinner was my "god," and while my presumably misguided clinical brethren talked about the "unconscious," I was busy learning schedules of reinforcement and how to arrange contingencies and events to alter behavior. My colleagues and I "ran rats," we "ran pigeons," and of course, we "ran" college students. And even though I was a bit of a renegade in the sense that I always had a fascination with neurology and physiology, I still focused on manipulating external contingencies to alter behavior.

Secure in my knowledge of my behavioral skills, I not only taught courses on behavior modification to graduate students in psychology, but I served as consultant to a center working with severely and multiply-handicapped children. And I continued my research, switching to "running" Japanese quail and impressed as all hell with myself that I could shape a quail to key peck in less than 10 minutes. Life was good and all was right in the world.

Years went by, and eventually, I had the joy of becoming a mother. And things were still right in the world. My son flourished, and was a joy to parent. A bright, curious child, he taught himself to read before he was 3 years old, soaked up the world as if it was a huge playground created for his delight, and had adults marveling at his sensitivity, creativity, and good manners. Compliments were tossed freely at me, and while I publicly denied any real responsibility for how well he was turning out, secretly I was thrilled, and wondered why everyone talked about how hard parenting was. After all, all one had to do was provide a nurturing environment with lots of stimulation and some structure and limits to help the child learn wrong from right, and voila.... a happy and wonderful child -- right?

A few years later, as my son began to struggle with the symptoms of Tourette's Syndrome, Attention Deficit Hyperactivity Disorder, and Obsessive-Compulsive Disorder, and as our family began to get stood on its head, I reminded myself that I was an expert in behavior modification. Kicking myself into my professional mode, I sat down and generated a behavior modification plan for my son, which I then posted on the refrigerator so that he and my husband could consult it.

After a few weeks on the program, it became clear to me that while there had been some benefit, there was still a lot to be desired. Recognizing that part of the "problem" was my son's interactions with his younger sister and that she had as much responsibility as he, I put her, too, on a formal behavior modification program whereby they each could earn "rewards" for cooperating with each or being nice to each other. Her plan joined his revised plan on the refrigerator, next to their school schedules and all the usual reminders that find their way to the refrigerator door.



Somewhat strained sibling relationships inspired yet another failed behavior modification plan....

By a few weeks later, it was clear to me that this simply wasn't working as well as it should because my husband wasn't sticking to the program. He'd forget to record things or forget to administer rewards promptly (I, of course, was perfect, but you probably knew that already). So one night my husband came home from work to find the children giggling, waiting for him to notice that there was now a third behavior plan on the refrigerator -- one that was geared to getting him to administer the children's programs.

After a few more weeks, I came to some realizations. First, I was spending a huge chunk of my time writing and revising/fine-tuning behavior plans, printing them out, and administering them. Second, I was spending a lot of time talking to my husband about why he wasn't doing his part in administering the plans for the children. And third, I realized that if this continued, I was going to need a bigger refrigerator door.

And so it slowly dawned on me that the kinds of formal behavior modification programming I was used to were just a drop in the ocean when it came to dealing with the kind of widespread dysregulation I was seeing in my children and my husband. Their ADHD, compulsiveness, and tics could not all be "targeted" and neatly defined into clear objectives when the problem was so much more pervasive. I needed to find another way.

My growing recognition of the limits of behavior modification was reinforced unexpectedly by an unhappy incident a few years later. My son, who was by then pretty severely dysfunctional, was placed in a special education class with others like him. The school hired a consultant to work with the teacher on behavior management. Unbeknownst to the parents, the teacher had conveyed her distress over the children's language to the consultant, who developed a behavior modification program for her to use. The parents were never consulted before the plan was implemented to find out if we had ever tried such a plan before, and if so, with what results.

Within a week of the new plan being implemented, I noticed my son deteriorating significantly. He was angrier and more emotional in the home. Since it wasn't a time of waxing tics or seasonal allergies for him, I was puzzled at the apparent deterioration, and called another child's parent to ask how her son was. She informed me that her son, too, had been getting worse that week, and she couldn't figure out why. We called the other mothers, and sure enough, they reported the same problem. The next day, I contacted the teacher to find out if there had been any changes in school, and that's when I learned about the change in the behavior modification program. I ran a quick literature search and discovered that there were one or two anecdotal references to children whose symptoms were actually worsened by inappropriately applied behavioral contingencies.

A Lesson Learned

That experience, combined with my growing dissatisfaction with traditional behavior modification approaches for symptoms of TS+ led me to almost totally abandon behavior modification. I realized that that if we make demands on a child that they can't comply with because of their dysregulation, we will increase their stress levels and we may actually make their symptoms worse and trigger new problems.

Like other children, children with neurobehavioral conditions are motivated to obtain rewards and avoid punishment. If what we are trying to alter is truly an involuntary symptom, they will try their best to modify it, but at what cost?

In the next section, I will try to provide a brief overview of a neurobehavioral approach that I think may be more effective, although I don't know that I can quite to it justice in a short synopsis of this kind.

A Neurobehavioral Approach

It's one thing not to know right from wrong or how one is expected to behavior and another thing to know the expectations but not have the ability to consistently comply. Most children with neurobehavioral conditions seem to know right from wrong and know how they're expected to behave but their ability to comply may be diminished. Some of the sources of the diminished ability are neurologically-based disinhibition and regulatory problems that impact their motoric levels, attention, thoughts, and/or mood; learning disabilities that impact their ability to "read" nonverbal social cues such as body language, facial expressions and tone; difficulty in generalizing a rule learned in one setting to another setting; neurocognitive deficits that may make it difficult for them to make easy transitions or follow multi-step sequences; and/or ability to retrieve information about how to act when they are in a state of heightened arousal or frustration.

When a child is experiencing dysregulation, they are emotionally vulnerable and in a state of discomfort. And just as we seek to escape discomfort, they will, too. But how can they escape discomfort quickly? Their reaction may be to try to get someone (a trusted adult) to solve their problem for them -- regardless of whether the problem is doing their homework, being unable to find their belongings, getting another child to play what they want to play, etc. At that moment, nothing matters as much as obtaining relief from the discomfort.

At the same time that the child is feeling an increased sense of vulnerability, the parent or teacher is also feeling an increased sense of vulnerability -- our self-esteem and 'ego' tend to be tied to how the child behaves. We feel like incompetent or "bad" parents or teachers when we cannot apparently do our job well -- and our assessment is based on how the child does. So we seek relief from our discomfort by trying to get the child to behave or function in a particular way. This is like saying, "I can only be OK if [my child] does [this]." So we put pressure on the child -- pressure that doesn't help the situation and only leads to more discomfort for the child.

At some point in that thinking, we have lost some measure of control and sense of responsibility for taking care of ourselves. It is much healthier, in my opinion, to say, "I wish that [my child] would do [this], but I can be OK even if my child is not doing that." This is particularly important when we find ourselves, as parents, being so concerned about what family or friends or even strangers will say that we land up feeling extremely stressed out and starting to yell at the children to "behave!" And the more our vulnerability increases, the more demands we may make on the child so that we can obtain relief from our discomfort. At the same time, the child is seeking relief from his/her discomfort by making demands on us.



Out of all the people in that triad -- the child, the parent, and the teacher -- the traditional approach has been to try to change the child. But when you think about it, we are trying to change the one individual in the relationship who has the least ability to regulate themselves.

Instead of trying to change the child, let's talk about how to change ourselves in ways that will reduce our own vulnerability and that will enable us to accept and support the child. Let's talk about how we can work

on ourselves so that we can create a climate of acceptance and support that will enable the child to regulate him/herself. Yes, all children need limits and limits will be set, but we begin by becoming what we want our child to be: someone who can regulate himself or herself and who can model self-regulation.

Perhaps an example or two might help at this point. I was talking with a new patient, and during the initial interview, I asked the mother what her goal was for therapy. Her response was immediate: "My son is totally out of control and I am spinning totally out of control with him." Rather than starting with trying to change her son's behavior, then, we began with her working on herself to understand her child's experience, join with him, develop empathy, and validate him – without feeling that she had to "fix" him or control him. By establishing that bond with him, she would be in a better situation to communicate calmly with him, dialogue, and model self-regulation for him. As another parent once commented, "How can I control my child when I can't seem to control myself right now?"

Altering cognitions (thoughts) and behaviors are nothing new to those trained in or experienced with cognitive-behavioral therapies. Extending them and applying them to children with neurobehavioral dysregulation and their parents has been a challenge. As a professional who has always valued cognitive-behavioral approaches, and as an individual who has used them in her own personal life, I was willing to explore them. But what really convinced me of their potential value was one of those personal experiences -- something that happened with my son.

It happened about eight years ago, during a period when my son was experiencing mild 'rage attacks' that were generally associated with periods when he was obsessed with something. He'd come home from school and tell me that I had to take him to such-and-such store to buy whatever he was obsessed with at that time. I'd struggle to figure out the "correct" response to such an urgent request/demand. If I said "yes," and took him, would I be reinforcing his obsessive-compulsiveness and making things worse for him in the long run? If I said "no," would I be pushing him past his limits to handle the discomfort he was so clearly feeling? So I had compromised. I would generally tell my son that our rule was no shopping during the school week, but that we could go get it on the weekend. Sometimes that worked, but occasionally it wouldn't, and another hole in the bedroom wall would result.

Then one day I tried a different response, based on another psychologist's suggestions to me. When my son came home and initiated the request to go to the store, I began a dialogue with him in which I mirrored him, showing him that I understood what he was saying, and gaining clarification when I didn't understand him. [This type of dialoguing technique is described in the book "Giving the Love That Heals" by Hendrix and Hunt, for those of you would like learn more about it.]

Whenever he'd ask me if I would take him, I'd simply mirror him, saying something like, "you want me to take you to the store to buy [...] because... do I have that right?" The conversation gradually shifted over to his experience of feeling "stuck" and the intense discomfort he felt -- a discomfort from which he sought relief by asking me to take him to the store. We spent about 45 minutes talking about his feeling 'stuck' and his sense of discomfort. And I noticed that once my son settled down and was actually sharing his experience of what it felt like to be 'stuck,' he felt supported by my response, and the tension passed. I didn't feel that I had to make some crucial decision about "store or not-store." My role was to understand his experience and support him. And it became crystal clear that his "real problem" wasn't the store or the toy -- his "real problem" was that he was stuck with a thought he couldn't get rid of and it was tormenting him.

There was no rage attack that afternoon. The next time he came home that way, I was able to help him get back into dealing with the real problem -- his discomfort over feeling 'stuck.' My son never had another rage attack from the first day that I shifted gears into trying to understand his experience and support him. In retrospect, there were things that I could have done differently in that first conversation, and I was probably too directive at times, but the main point was there: through my response, I let my son know that

I was there for him and that I empathized with his sense of distress over feeling so "stuck." I didn't feel as vulnerable myself because I no longer felt responsible for solving his problem or talking him out of his distressed state, and once I accepted that it was his problem and that I couldn't "fix" it or him, my role changed. Both of us became closer because of that experience.

Oh, there are still all too many times when I lose my temper or get frustrated. As much as I know, my life tends to have a lot of stresses in it, and I can 'snap' sometimes, particularly when it seems that everyone in the household is going through a period of symptom worsening at the same time. But the basic lesson was learned: behavior modification may work for one or two specific behaviors, but if the real problem is that the child needs to develop self-management, then trying to control the child via external controls isn't going to be as effective as modeling self-management for your child, providing them with the supports they need to self-manage, and providing skills training in any areas where they need such training. My need was no longer to 'fix' my son or solve his problems. My goal was to support my son as he attempted to work through his problems and to learn self-management strategies.

And so now when I go out to talk to teachers and school psychologists, I try to share with them how they can reduce their own vulnerability and be more supportive of the child. We can't change the child. We can change ourselves. And in doing so, we can create the kind of supportive environment in which the child can begin to acknowledge how TS or TS+ is impacting them without fear of criticism. Where they can grieve and come to grips with the limitations they may be experiencing. Where they can learn to manage themselves.

If nothing else, it may save you from having to buy a bigger refrigerator. ;-)